

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**FILED**

JAN 31 2008

RICHARD W. WILKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JOSEPH NEALE, JR

Plaintiff,

CASE NO

CV 08**0755**PRISONER'S
IN FORMA PAUPERIS
APPLICATION**MHP****(PR)**v.
ROBERT HOREL, WARDEN, PBSP
TIMOTHY MCCARTHY, DIRECTOR OF
MENTAL HEALTH, PBSP
CDOR Defendant.**E-filing**

I, JOSEPH NEALE, JR, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: ZERO Net: ZERO

Employer: CSP-COR, CDOR (NON-PAY POSITION)

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

N/A

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- | | | | |
|----|--|-----------|-------------|
| a. | Business, Profession or self employment | Yes _____ | No <u>X</u> |
| b. | Income from stocks, bonds, or royalties? | Yes _____ | No <u>X</u> |
| c. | Rent payments? | Yes _____ | No <u>X</u> |
| d. | Pensions, annuities, or life insurance payments? | Yes _____ | No <u>X</u> |
| e. | Federal or State welfare payments, Social Security or other government source? | Yes _____ | No <u>X</u> |

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

3. Are you married? Yes _____ No X

Spouse's Full Name: _____

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ Net \$ _____

4. a. List amount you contribute to your spouse's support:

\$ 1

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

NONE

5. Do you own or are you buying a home? Yes _____ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes _____ No X

Make _____ Year _____ Model _____

Is it financed? Yes _____ No _____ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes _____ No X

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes _____ No X Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes _____ No X

8. What are your monthly expenses?

Rent: \$.00 Utilities: .00

Food: \$.00 Clothing: .00

Charge Accounts:

Name of Account	Monthly Payment	Total Owed On This Account
<u>NONE</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

NONE

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

1/14/08

DATE

Joseph L. Theakston
SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

Joseph Neale for the last six months at
[prisoner name]

CSP-Corcoran where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 1/16/08

D. Gear AC#
Authorized officer of the institution

REPORT ID: 163030 .701

REPORT DATE: 01/16/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIF. STATE PRISON CORCORAN
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 16, 2008

ACCOUNT NUMBER : T08899 BED/CELL NUMBER: 3B0200000000120L
 ACCOUNT NAME : NEALE, JOSEPH LOUIS ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
 AVAILABLE
 BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 1/16/2008
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY W. Leah ACTE
 TRUST OFFICE